



Adenovirus Vaccine Restoration

**Presentation to
Armed Forces Epidemiological Board**

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Outline

- Program Overview
- Manufacturing
- Clinical
- Regulatory
- Quality
- Procurement
- Funding
- Near Term Plan/Events
- Program Risks



Defense Health Program Requirement

In consultation with the AFEB, ASD(HA) officially established a Defense Health Program requirement for adenovirus vaccine type 4 and type 7 to protect military recruits against adenovirus infection



Objective

Provide a safe, efficacious, FDA approved Adenovirus Vaccines (Type 4 and 7) to protect US military basic trainees from adenovirus febrile respiratory disease.



History



- 2001, contract awarded to Barr Laboratories
- 2002, technology transfer from Wyeth
- 2003, completed construction of adenovirus vaccine tablet manufacturing facility
- 2004, contract was modified to cover unanticipated redevelopment efforts and manufacturing process improvements
- 2004, Investigational New Drug (IND) application was submitted to the FDA
- Aug 04 – Jun 05, Phase 1 clinical trial was completed at Ft. Sam Houston, TX
- Aug 05, Phase 1 Clinical Study Report and Phase 3 protocol was submitted to the FDA for review
- Oct 05, FDA provided informal response to Phase 3 protocol



Tableting Facility



Development Plan-Dec 05

ID	Task Name	Start	Finish	2001	2002	2003	2004	2005	2006	2007	2008	2009
				H1 H2	H1 H2	H1 H2	H1 H2	H1 H2	H1 H2	H1 H2	H1 H2	H1
1	✓ Adenovirus Vaccine, Types 4 & 7	Mon 8/6/01	Mon 8/6/01		8/6							
2	✓ Basic Contract	Fri 9/21/01	Wed 11/9/05									
3	✓ DoD Contract Award	Fri 9/21/01	Fri 9/21/01		9/21							
4	✓ Wyeth Technology and Material Transfer Agreement	Mon 10/1/01	Fri 5/17/02	10/1		5/17						
5	✓ Wyeth Material received	Mon 5/20/02	Mon 9/16/02		5/20	9/16						
6	✓ Facility Construction, Equipment Installation and Qualification	Fri 5/17/02	Fri 1/30/04									
12	✓ Pilot and GMP Virus Production	Mon 1/6/03	Mon 8/23/04									
29	✓ IND Regulatory Activities	Thu 1/9/03	Tue 8/24/04									
36	✓ Seroprevalance Study	Wed 6/2/04	Fri 7/30/04									
40	✓ Phase I Clinical Trial	Mon 9/1/03	Wed 11/9/05									
93	Option 1	Thu 1/1/04	Fri 9/5/08									
94	Vaccine Production for Phase II/III Clinical Trial	Fri 9/24/04	Wed 1/25/06									
129	Long term stability testing for the phase III product	Mon 10/24/05	Wed 10/17/07									
134	Virus Bulk Production	Thu 5/19/05	Fri 7/7/06									
147	VA Lyophilizer Qualification Schedule	Tue 10/4/05	Fri 6/16/06									
180	RA activities before next trial start	Thu 7/7/05	Mon 2/13/06									
194	Phase II/III Clinical Trial	Thu 1/1/04	Tue 5/8/07									
257	Write Reports	Mon 8/28/06	Fri 9/22/06									
260	Consistency Lot Manufacturing	Mon 10/24/05	Fri 9/5/08									
288	Quality Systems	Thu 6/16/05	Thu 12/15/05									
296	Prepare and Submit BLA	Mon 4/23/07	Mon 6/16/08									

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Vaccine Manufacturing

- Initial vaccine stability program terminated
 - Objective: Stable at 2-6° C for 2 years
 - Review found incubator had spiked above approved process temperature
 - Concurrent protocols initiated to investigate vaccine stability and formulation
 - **Critical Path Task:** GMP vaccine manufacturing for next clinical trial is dependent on success of stability testing
 - **Six month delay in program**
- Difficulties in scale-up production of bulk virus
 - Duramed's WI-38 Master Cell Bank depleted
 - New WI-38 Working Cell Bank (~200 vials/ 20 yrs) produced
- Lyophilizer in tablet facility has not been validated (Est. June 2006)
 - **Critical Path Task:** Demonstration of manufacturing lot consistency required prior to licensure
 - Current manufacturing plan for consistency lots is dependent validation of lyophilizer



Phase I Clinical Study

A Phase 1, Randomized, Double-Blind, Placebo Controlled Study to Evaluate The Safety And Immunogenicity Of The Live, Oral Type-4 and Type-7 Adenovirus Vaccines

Primary Objective:

1. Evaluation of the safety of type 4 and type 7 vaccines administered together.

Secondary Objectives:

1. Evaluation of the immune response (neutralizing antibody titer and seroconversion rate)
2. Characterization of the duration of virus shedding

Results:

1. Well tolerated – no safety issues
2. Seroconversion rate at Day 28
 - 72.7% (8 of 11 subjects) for ADV-4
 - 62.5% (10 of 16 subjects) for ADV-7
3. Vaccine virus found in the stool as early as Day 7, but none by Day 28



Phase 3 Clinical Study

- Propose to establish clinical efficacy of ADV 4 by case reduction and derive a protective level of antibody, then infer efficacy of ADV 7 using a similar approach using antibody correlate of protection
 - Efficacy objective: 80% effective
 - **Scope Change:** Change in clinical plan compared to Duramed's technical proposal
- Great Lakes NRTC and Fort Jackson were selected as primary clinical trial sites
 - Objective: Start Apr 06
 - Site visits conducted/on-going
- Start of next clinical study is dependent on:
 - Resolution of clinical trial agreement
 - Scientific and Human Safety Review Board approval of protocol (multiple IRB's)
 - Formal FDA Pre-Phase 3 meeting (Est. Jan-Feb 2006)
 - Site preparation and integration of clinical trial with the Services' training schedule



Regulatory

- Phase 1 Clinical Study Report (CSR) reviewed by FDA
 - CSR was well received, FDA teleconference on 11 AUG 05
- FDA completed protocol review and provided informal comments to draft phase 3 protocol in teleconference on 20 OCT 05
 - FDA agreed with primary and secondary endpoints for evaluation of vaccine efficacy for adenovirus type 4 and type 7
 - Clinical assays must be validated prior to start of clinical study
 - FDA suggested an increase in sample size for Phase 3 and inclusion of a nested cohort with more intense monitoring
- FDA teleconference 30 NOV 05
- Formal FDA meeting dependent on:
 - Clinical protocol
 - Additional information on product chemistry, manufacturing, and controls



Quality

- Provide quality oversight to assure vaccine manufacturing has appropriate processes and controls in place to produce safe and effective adenovirus vaccines consistently
- Assure quality systems to control the integrity of the data generated from the clinical study



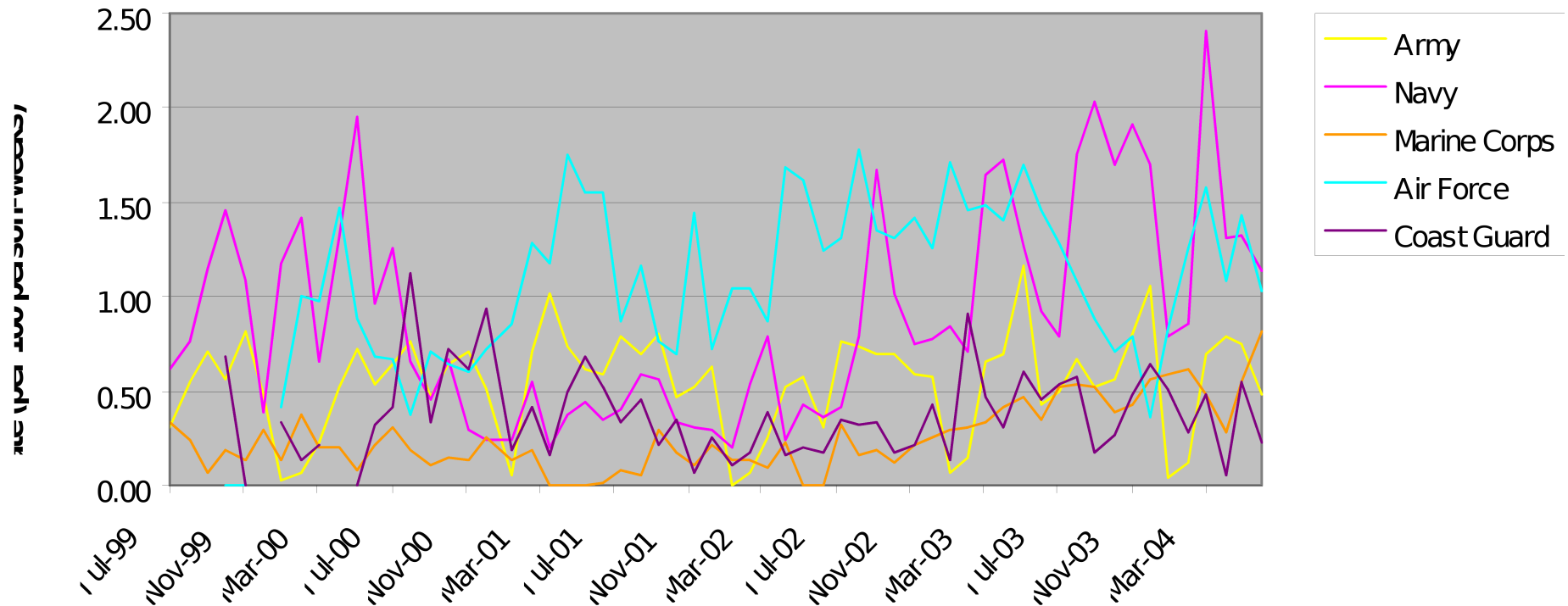
Procurement

- Currently coordinating procurement and logistics plan with resource management, contracting, and logistics personnel to provide effective transition from licensure to distribution
- Vaccine cost estimate received May 2005
 - Significant increase in vaccine cost estimate from initial proposal (2001)
 - Further explanation and full cost detail was requested
 - Duramed was unwilling to provide full cost detail at this time (July, 2005)
 - Detailed vaccine cost estimate is required to establish a fair and reasonable vaccine price for procurement contract
 - The Defense Contract Audit Agency will audit Duramed Research
 - Additional negotiation is necessary to reduce life cycle cost and eliminate delay in vaccine procurement



Current Threat

Estimated adenovirus infection rates by service, 1999-2004*



*Figure provided by CDR Russell, Naval Health Research Center



Funding

- Vaccine development effort may require additional funding
 - Cost Plus Fixed Fee contract
 - Contract scope change to support expanded Phase 3 study is anticipated
- Vaccine procurement in FY08-13 is not fully funded
 - Currently requesting full funding for FY08-13 in POM process
 - Annual cost based on ~250K doses of vaccine to vaccinate all services initial entry trainees



Moving Forward

- **Next 3 months**
 - Manufacturing
 - Additional vaccine stability testing
 - Initiate validation process for lyophilizer in tablet facility
 - Clinical:
 - Clinical Trial Agreement
 - Finalize study design
 - Initiate protocol review
 - Prepare study sites
 - Regulatory
 - Formal FDA meeting
 - Quality
 - Quality audits
 - Funding
 - Contract scope change/cost increase
 - Programming/Budgeting for procurement of vaccine



Moving Forward

- Next 3-6 months
 - Complete validation master plan and qualify manufacturing facility
 - Produce additional vaccine for demonstrating vaccine lot consistency
 - Initiate clinical protocol at approved sites



Program Risks

- Vaccine performance
- Production failures
- Further delays in CTA, protocol development, review and approval (scientific and human use)
- Regulatory (FDA) guidance
- Integration of trials with basic training schedules
- Increased cost of vaccine

Any or all of the above could impact baseline performance, schedule, and cost



Development Plan

